

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030787

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 141

Primary Registration District No. 5551

Registrar's No. 134

FILED AUG 20 1962

VS 300  
Rev. 4/59

0460

20460

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>West Plains</i>		c. CITY OR TOWN <i>West Plains</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Rover Route</i>		d. STREET ADDRESS <i>Rover Route</i>	
3. NAME OF DECEASED (Type or print) <i>First: Finis Glenn King</i>		4. DATE OF DEATH <i>Month: July 17, 1962</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>10-8-1897</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Iron Construction worker</i>		11. BIRTHPLACE (City and state or country) <i>Oregon County, Mo.</i>	
13a. FATHER'S NAME <i>Robert M. King</i>		13b. MOTHER'S MAIDEN NAME <i>Saphrona Whitten</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>Mrs. F.G. King, West Plains, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i> DUE TO (b) <i>ASHD</i> DUE TO (c) <i>GAS</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>- 0 -</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Varicose ulcers</i>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>9-28-61</i> a.m. <i>2:15 p.m.</i> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>West Plains, Missouri</i>
21. I attended the deceased from <i>9-28-61</i> to <i>3-22-62</i> and last saw him alive on <i>3-22-62</i> Death occurred at <i>2:15 p.m.</i> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <i>8-10-62</i>	
22a. SIGNATURE <i>John E. Wilson, M.D.</i>		22b. ADDRESS <i>West Plains, Missouri</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7-19-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Elk Creek Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Howell County, Mo.</i>
24. FUNERAL DIRECTOR <i>Robertson's, West Plains, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>8-14-62</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cooke</i>

OCT 16 1962

VS AUG 21 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *A. S. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.